

Agency Head or Freedom of Information Act Appeal Officer
Name of Agency
Address of Agency
City, State, Zip Code

Re: Freedom of Information Act Appeal

Dear _____:

This is an appeal under the Illinois Freedom of Information Act, 5 ILCS 140/10(a).

On *[insert date]*, I requested documents from *[insert name of public body.]* On *[insert date]*, I received a response to my request in a letter signed by *[insert name of official]*. The public body denied my request for information, citing section *[insert section of the Act that the public body cited as a reason for denying the information.]*

I am appealing the denial of my request, under subsection 10(a) of the Act. The documents that were withheld must be disclosed under the FOIA because *[insert an explanation of why you believe the documents are public under the Act.]*

I look forward to a decision on this appeal of the denial of my FOIA request within seven working days as provided under the Act. 5 ILCS 140/10(a).

Thank you for your consideration of this appeal.

Name
Address
City, State, Zip Code
[optional:] Telephone Number or e-mail